

# SCHOOL-AGE ASSESSMENT & HEALTH FORM & IMMUNIZATION DECLARATION

1. **HEALTH STATEMENT** - To be completed by the parent annually.

Child's Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_

1. Significant illnesses and surgeries child has had (give age at time):

\_\_\_\_\_

\_\_\_\_\_

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

\_\_\_\_\_

\_\_\_\_\_

2. **PHYSICAL ASSESSMENT**

1. Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

\_\_\_\_\_

\_\_\_\_\_

2. Is this child subject to any conditions which limit classroom activities or physical education?

\_\_\_\_\_

\_\_\_\_\_

3. Is this child subject to any condition which may result in an emergency situation?

\_\_\_\_\_

\_\_\_\_\_

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

\_\_\_\_\_

\_\_\_\_\_

5. Other information you would like to share:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR CENTERS SERVING SCHOOL-AGE CHILDREN OPERATING IN THE SAME SCHOOL FACILITY IN  
WHICH THE CHILD ATTENDS SCHOOL:

**My signature below certifies that immunization information concerning my child has been provided and is available in the school file.**

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_